

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/516518** FILING DATE **Winston, Arkansas**
APPLICANT(D) **National Stage Processing**
PERIODIC SPECIALIST
(703) 355-6421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	44	8				
TOTAL DEP.	ph	35				
TOTAL CLAIMS	20	48				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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